



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

<b>PLAINTIFF</b> UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> CA No. 04-10001-RGS	
<b>DEFENDANT</b> ARI ALVES TEIXEIRA		<b>TYPE OF PROCESS</b> Preliminary Order of Forfeiture	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize GEORGE F. GORMLEY, ESQUIRE		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 655 SUMMER STREET, BOSTON, MA 02210		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.  <i>Kristina E. Barclay</i>  KBW x3364			
Signature of Attorney or other Originator requesting service on behalf of <u>Kristina E. Barclay</u>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100  Date Nov 5, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  Date
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:	<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)	Date of Service	Time of Service	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Please see Remarks section below		
	Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer Jan. 20, 2005		
<b>REMARKS:</b> U.S. Customs and Border Protection  The above described Order was served by certified mail. Copy of certified mail form 70012510000343002734 is attached. Mailed on December 15, 2004. Postal records indicate delivery/receipt on December 16, 2004.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

George F. Gormley, Esquire  
655 Summer Street  
Boston, MA 02210

## COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee

B. [Signature] (Printed Name) ☐ C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from seal) 7001 2510 0003 4300 2734

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees \$

DEC 15 2004

Postmark Here

Sent To: George F. Gormley, Esquire  
Street Apt No.: 655 Summer Street  
or PO Box No.:  
City, State, Zip+4: Boston, MA 02210

7001 2510 0003 4300 2734



## Track & Confirm

### Current Status

You entered 7001 2510 0003 4300 2734

Your item was delivered at 1:19 pm on December 16, 2004 in BOSTON, MA 02210.

### Notification Options

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